

REQUEST FOR REVIEW OF PUBLICATION AND/OR FORM(S)

I. (DAP: Complete and forward to OPR)

TO: (Office Symbol) 30OSS/OSOT	FROM: (Office Symbol) 30CS/SCSPP-DCI	DATE OF REQUEST 3 May 00	SUSPENSE DATE 23 May 00
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Each OPR must keep its publications and forms current and promptly rescind those that are not needed. Please make a thorough review of the item shown in item 1, below. If it is a publication, also review all of the forms it prescribes. Ensure that the publication and/or form(s) is: essential to the efficient administration and operation of the Air Force; in good taste, current, and accurate; consistent with existing laws and National, Department of Defense, and Air Force policies. Look for: evidence of time consuming procedures; inaccurate references; inadequate instructions in related messages and other communications. Eliminate or modify the publication or form by obsolescence, rescission, revision or change, as appropriate. Respond by completing Section II of this form.

1. PUBLICATION OR FORM NO. 30SW Form 62	2. TITLE Individual's Record of Proficiency Training	3. DATE May 98
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4. Type of Review (Check applicable box) <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (See item 6) <input type="checkbox"/> REPRINT	5. PRESCRIBING DIRECTIVE (If form is being reviewed) AFCPSI36-2202_30SWSup1
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6. ADDITIONAL INSTRUCTIONS **Review the form, if current or requires revision, complete Part II, Block 10 (fill in letter code next to Form Number) and return to this office by suspense date. If the form is rescinded, the unit commander signs this form (two letter). The project officer (OPR) signs this form if form is current or requires revision.**

7. QUESTIONS CONCERNING THIS REVIEW SHOULD BE DIRECTED TO (Name and Phone No.) Mary E. Meyer, 606-7894	8. SIGNATURE
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II. (OPR: Complete and return to DAP. If review involves a publication that prescribes forms, return 2 copies of this review.)

TO: (Office Symbol) 30CS/SCSPP-DCI	FROM: (Office Symbol, Name and Phone Number of Project Officer) 30 OSS/OSOT, Capt. J. Jones, 606-6464
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9. STATUS OF PUBLICATION <i>(Check applicable boxes)</i>		10. STATUS OF FORMS <i>(List and code A, B, C, etc. separately)</i>													
If this is an annual publication review, list each of its prescribed forms and code their status in Item 10.		A - Current and Essential. B - Under revision <i>(Complete Item 12 and submit AF Form 1141 with draft to Forms Management Office)</i> C - Obsolete <i>(If form is prescribed, state in "Remarks" how the publication will be changed)</i> D - Current with new prescribing publications which is shown after the form number. E - Obsolete <i>(If replaced by new form, show new form number)</i> F - Regular reprint authorized. G - Limited reprint for _____ months stock authorized.													
<input type="checkbox"/>	A. Current and essential.														
<input type="checkbox"/>	B. Requires revision <i>(Complete Item 11)</i>														
<input type="checkbox"/>	C. Requires change <i>(Complete Item 11)</i>														
<input type="checkbox"/>	D. Regular reprint authorized.														
<input type="checkbox"/>	E. Limited reprint for _____ months stock authorized.														
<input type="checkbox"/>	F. Unnecessary and can be rescinded - action has been coordinated with affected staff offices. 1	<table><tr><th>FORM NUMBER</th><th>CODE</th><th>FORM NUMBER</th><th>CODE</th></tr><tr><td rowspan="2">30SW 62</td><td rowspan="2">A</td><td></td><td></td></tr><tr><td></td><td></td></tr></table>				FORM NUMBER	CODE	FORM NUMBER	CODE	30SW 62	A				
FORM NUMBER	CODE					FORM NUMBER	CODE								
30SW 62	A														
11. DATE DRAFT OF REVISION OR CHANGE WILL BE SUBMITTED															
1 NOTE: Each form prescribed in a rescinded publication is automatically obsoleted unless a requirement for its continued use is contained in another publication. If the publication is to be rescinded, list under "Remarks" each form prescribed and whether it should be obsoleted or prescribed for continued use by another publication.															
		12. DATE REVISION OF FORM WILL BE SUBMITTED													

REMARKS

DATE 5 May 00	TYPE NAME AND TITLE OF APPROVING AUTHORITY Capt. J. Jones Personnel Office Manager	SIGNATURE
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